

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582655

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4			2			
5			2			
6						
7						
8	1		1	1		
9		2		2		
10	2		2	2		
11		2		2		
12	0		0	0		
13	0		0	0		
14	0		0	0		
15	0	2	0	2		
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TOTAL IND.	2		2	2		
TOTAL DEP.	19		19	19		
TOTAL CLAIMS	19		19	19		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						